

## Appendix 17

### Information Regarding Transportation to Medical Appointments

Although transportation is not a covered service for prenatal care coordination (PNCC) providers, providers often assist recipients with making transportation arrangements. This appendix contains information to help providers understand the transportation options.

Three types of transportation are possible for eligible recipients to and from Medicaid-covered services:

- Common carrier vehicles.
- Specialized medical vehicles (SMVs).
- Ambulances.

All providers may be asked to verify that a Medicaid recipient received Medicaid-covered services at their site on a particular date.

#### Common Carrier Vehicles

A common carrier is any mode of transportation (for example, taxi, bus, car, or van) other than an ambulance or SMV approved by the county or tribal agency to a Medicaid-covered service.

#### Common Carrier Transportation for Fee-for-Service Recipients

If the county or tribal human or social services department authorizes common carrier transportation, it will either arrange for transportation or reimburse recipients for a portion of travel costs to and from Medicaid-covered services. Recipients are required to contact their human or social services department *before* the trip.

Prenatal care coordination providers who assist recipients with transportation arrangements are encouraged to find the least expensive, but most appropriate, means of transportation. The human or social services department has the right to pick the least expensive transportation and may choose to cover transportation to the closest medical provider who can provide the service. The recipient may be authorized to use her car, or a friend's car, and be reimbursed for mileage. Providers should refer recipients to their human or social services department for additional information.

There is no recipient copayment for this mode of transportation.

#### Common Carrier Transportation for Some Medicaid HMO Enrollees

At the time of the publication of this handbook, all Medicaid HMOs in Milwaukee County have contracts to provide common carrier transportation for their Medicaid enrollees. Transportation through the HMO is also limited to a trip to and from Medicaid-covered services. A few other counties also subcontract with some Medicaid HMOs for common carrier transportation services.

If a Medicaid recipient enrolled in an HMO is in a county other than Milwaukee County, refer her to the local county or tribal human or social services department. The county or tribal human or social services department authorizes transportation services for HMO enrollees the same as for fee-for-service recipients as described earlier in this appendix.

## Appendix 17 (Continued)

### Specialized Medical Vehicles

Transportation by common carrier meets the needs of most recipients. However, Wisconsin Medicaid covers transportation by an SMV if the recipient meets all of the following criteria:

- The recipient is legally blind, or indefinitely or temporarily disabled.
- Cannot use any other means of transportation, as documented in writing by a physician.

If the recipient does not have a documented disability, refer her to the local county or tribal human or social services department for transportation by common carrier.

Transportation by an SMV is available only for trips to and from a Medicaid-covered service. Providers should refuse to sign the certification form if they believe the person is not qualified for SMV transportation or if the recipient has not been sufficiently evaluated to determine the need for SMV transportation.

For long-distance travel (more than 40 miles urban, more than 70 miles rural), the provider needs to get prior authorization from Wisconsin Medicaid before the trip. Recipients may call Recipient Services at (800) 362-3002 or (608) 221-5720 for a list of Medicaid-certified SMV providers in their area or for additional information.

Recipients enrolled in a Medicaid HMO should contact the HMO directly.

There is a \$1 recipient copayment per one-way trip.

### Ambulance Transportation

Wisconsin Medicaid covers ambulance transportation only when the recipient cannot be transported by any other means to emergency medical care as the result of illness or accident. In non-emergency situations, Wisconsin Medicaid covers ambulance transportation when the recipient's medical condition prevents transportation to Medicaid-covered services by any other means. A physician's prescription is required prior to the trip, indicating that an ambulance transfer is necessary.

There is a \$2 copayment for non-emergency ambulance service.

### Reimbursement

Ambulance and SMV transportation for HMO recipients is included in Medicaid HMO contracts. For fee-for-service recipients, Wisconsin Medicaid reimburses ambulance and SMV providers directly for their services.

## Appendix 17 (Continued)

### Quick-Reference Transportation Services Guide

	<b>Common Carrier</b>	<b>Specialized Medical Vehicles</b>	<b>Emergency Ambulance</b>	<b>Non-emergency Ambulance</b>
<b>Who is eligible</b>	All recipients	Legally blind, indefinitely or temporarily disabled	Seriously ill or injured	Recipients whose medical condition precludes transport by any other means
<b>Authorized/ certified by</b>	County/ tribal agency	Physician/ physician extender*	Not needed	Physician/ physician extender**
<b>Contact</b>	County/ tribal agency	SMV company	Ambulance company	Ambulance company
<b>Copayment</b>	No copayment	\$1 copayment per one-way trip	No copayment	\$2 copayment per trip

\*Physician extender includes physician assistants, nurse midwives, and nurse practitioners.

\*\*Physician extender includes dentists, physician assistants, nurse midwives, and nurse practitioners.